



Dear Retiree:

We understand that our Medicare eligible retirees have had only a short period of time to evaluate and choose a Medicare Part D prescription drug plan. To allow sufficient time for members to enroll in Medicare Part D we did not increase premiums in December and January.

If you are in receipt of this letter, the State Health Benefit Plan (SHBP) has not received documentation of Medicare Part D enrollment for you and/or your covered spouse as of the date of this letter. If information is not received by January 31, 2006, it will be assumed that it is your decision not to enroll in Medicare Part D. In February your premiums will be increased to reflect that you have not enrolled and SHBP will pay primary benefits on prescription drugs.

If you miss the January 31 deadline, you can still enroll in Part D and have your premiums reduced in future months. The date of the premium reduction will be based upon the retirement system's payroll schedule. **NO Refunds will be given after the January 31, 2006 deadline.**

SHBP will only accept a copy of the Medicare Part D card or a confirmation letter from your Medicare Part D provider showing the effective date of coverage. Please attach this letter to the documentation and mail or fax this information to:

SHBP  
P.O. Box 38342  
Atlanta, GA 30334-5100  
FAX: (404) 651-5750

**THE SHBP MEMBER'S SOCIAL SECURITY NUMBER MUST BE CLEARLY WRITTEN ON EACH PAGE OF DOCUMENTATION OR YOUR RECORDS CANNOT BE UPDATED.**

Questions concerning SHBP policy related to Medicare Part D and premiums should be directed to 1 (877) 246-4190. Calls directly related to submission of your Part D documentation should be directed to (404) 656-6322. Due to anticipated high volume, your patience is requested.

Sincerely,